

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043820

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED DEC 6 1962

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN CuivreLength of stay in lb
3 Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Wentzville RR 2Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

St. Charles

c. CITY
OR
TOWN Wentzville

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS RR 2

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

VINCENT

WILLIAM

SCHROEDER

4. DATE
OF
DEATH

Month

Day

Year

November 21 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Divorced ☐

8. DATE OF BIRTH

11/11/1908

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

International Hvst. Chesterfield, Mo. U.S.A.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Herman Schroeder

13b. MOTHER'S MAIDEN NAME

Francis Schulte

14. NAME OF HUSBAND OR WIFE

Irene M. Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Irene Schroeder

Address

Wentzville, Mo. RR 2

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of pancreas

INTERVAL BETWEEN

ONSET AND DEATH

6 mo.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-6-58 to 11-21-62 and last saw her him alive on 11-20-62.

Death occurred at 5:20 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. M. Keller

22b. ADDRESS

Wentzville, Mo.

22c. DATE SIGNED

11-23-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11/24/1962

23c. NAME OF CEMETERY OR CREMATORY

St. Patrick Cemetery

23d. LOCATION (City, town, or county)

Wentzville, Missouri

24. FUNERAL DIRECTOR

T. E. Pitman Funeral Home
909 Pitman Ave. Wentzville, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

Mar 26/1962

26. REGISTRAR'S SIGNATURE

Martha F. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0920

0920

3

4 0

5 1

6

7 0

8 2

9 157X

10

11

12 70-0

13 1-0

DEC 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.